

**STATE OF WISCONSIN**

Department of Safety and Professional Services  
1400 E Washington Ave.  
Madison WI 53703

**This Form is intended for  
informational purposes  
ONLY**

**Governor Scott Walker****Secretary Dave Ross****Periodic Escalator & Moving Walk Test Record - Category 1****ASME A17.1 Section 8.6.8.15**

**Instructions:** Please TYPE or PRINT CLEARLY the information requested on this form.

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

<b>Building Name</b>	<b>Owners Name</b>	<b>Registration Tag No.</b>
<b>Street Address</b>	<b>Address</b>	<b>Regulated Object ID.</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>	<b>Manufacturer</b>

**This conveyance is required to be tested in accordance with the code in effect at time of the original installation and/or any applicable alteration(s) for this conveyance. Use form SBD-6-E for Step/Skirt index and Loaded Gap tests.**

1	Type: Escalator: <input type="checkbox"/> Moving Walk: <input type="checkbox"/>	
2	Rated Capacity: lbs. Rated Speed: (up) Operating Speed: (down)	
<b>8.6.8.15 Periodic Inspection and Test Requirements: Category 1</b>		<b>Is test satisfactory? Date of Test:</b>
3	8.6.8.15.1 Machine Space	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
4	8.6.8.15.2 Stop Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
5	8.6.8.15.3 Controller and Wiring	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
6	8.6.8.15.4 Drive Machine and Brake	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
7	8.6.8.15.5 Speed Governor	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
8	8.6.8.15.6 Broken Drive Chain Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
9	8.6.8.15.7 Reversal Stop Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
10	8.6.8.15.8 Broken Step Chain or Treadway Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
11	8.6.8.15.9 Step Upthrust Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
12	8.6.8.15.10 Missing Step or Pallet Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
13	8.6.8.15.11 Step or Pallet Level Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
14	8.6.8.15.12 Steps, Pallet, Step or Pallet Chain, and Trusses	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
15	8.6.8.15.13 Handrail Safety Systems	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
16	8.6.8.15.14 Heaters	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
17	8.6.8.15.15 Permissible Stretch in Escalator Chains	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
18	8.6.8.15.16 Disconnected Motor Safety Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
19	8.6.8.15.17 Response to Smoke Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
20	8.6.8.15.18 Comb-Step or Comb-Pallet Impact Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
21	8.6.8.15.21 Inspection control devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
22	8.6.8.15.22 Step Lateral Displacement Device	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>

If test(s) proved unsatisfactory indicate reason:

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**ASME A17.1 Requirement 8.6.1.7.2:** A periodic test record for all periodic tests containing the applicable Code requirement(s) and date(s) performed, and the name of the person or firm performing the test, shall be installed to be readily visible and adjacent to or securely attached to the controller of each unit in the form of a metal tag or other format designated by and acceptable to the authority having jurisdiction.

<b>The Above Tests Were Performed In Compliance With ASME A17.1 and SPS 318</b>			
Firm Performing Tests	Address	City, State, Zip	Date of Test Submission
Name and License Number of Person Performing Tests (Print)	Signature of Person Performing Tests		

**Do NOT Send This Form to the Dept of Safety & Professional Services.  
Insert Completed Form Into Maintenance Record.  
One copy to be retained by owner or tenant**